

of long continued probing. The operation is a most delicate one, but when the sac is really extirpated and not curetted the result is usually gratifying. Professor Silex of Berlin watched a number of such operations done by us and a few weeks later when I visited him at his clinic in Berlin I noticed that he was forced to curette instead of extirpating, showing how difficult this operation is and how carefully one should follow the directions.

The diseases of the conjunctiva are prefaced with a few paragraphs on the bacteriology, a most welcome innovation in our late text-books on ophthalmology.

Here, also, the operations follow and particularly is the pterygium procedure well shown and described. To digress I may say that the successful removal of pterygia taxes an ocular surgeon's skill, and it is here that the young practitioner is judged and not by the cataract extractions, which are few and very far between.

The Major Smith operation for cataract receives ample space, as do the most important procedures on the globe.

Refraction, the major part of the ophthalmologist's work, is well undertaken and sufficiently recent as to contain an illustration and explanation of the Sutcliffe Keratometer.

Fox devotes a chapter to the "Ocular Manifestations of General Diseases," and one to "The Pupil in Health and Disease—the Ocular Manifestations of Nervous Diseases." These are by no means exhaustive but the work is not a handbook, but a practical guide, as its name implies, for students and practitioners.

Of especial interest to me is the chapter on "Laboratory Technic," and I am familiar with no other book of like size containing same.

In resumé I wish to congratulate Fox on an addition to our books on Ophthalmology and D. Appleton & Company on their courage in publishing a work entailing the tremendous number of original illustrations.

I take pleasure in recommending this treatise to the profession and to my students at the University of California. W. S. F.

**Physical Diagnosis.** By John C. Da Costa, Jr., M. D. Publishers, W. B. Saunders Co., Philadelphia.

The preface sets forth the book's purpose, which is borne out by a review of the text. The author in this text meets the needs of junior students relative to "clinical anatomy and to the origin, mechanism and meaning of normal physical signs." The observer is encouraged to follow the research method in the study of thoracic and abdominal conditions. All available data is to be gathered both by direct examination and recognized instruments, together with laboratory methods, and conclusions arrived at by comparison and correlation of all data.

The text does not attempt to detail laboratory or X-ray technic, but states when such procedures are indicated.

The cuts, 212 in number, are simple and convey directly what it is intended to teach. A number of photographs from life are introduced. The sphygmomanometer and sphygmograph are illustrated in their use.

A pleasing historical review of auscultation and the stethoscope is introduced.

The description of each disease is prefaced by the clinical pathology which makes clear the reasons for the various physical diagnostic signs. The cuts illustrating the gross pathology are in black and white.

The section upon broncho-pulmonary disease is illustrated by a number of radiographs which are very clear.

Physical diagnosis of the cardio-vascular system is illustrated by a comparison of many pulse tracings

and many diagrammatic representations of the heart sounds.

In fact, the book is sufficiently elementary to meet the needs of junior students and to refresh the practitioner, and yet comprehensive enough to supplement texts upon medical and surgical diagnosis.

Francis Williams, M. D.

**A Sidelight on the Syphilitic Actiology of Tabes.** Trans. Am. Med. Assn., 1909. By J. J. Putnam, Boston. (Abstract by Dr. T. A. Williams, Washington, D. C.)

The writer has never seen a case where syphilitic infection, or at least illicit sexual intercourse, could be ruled out, nor a tabetic woman in whom the absence could be proved. Not only is fatigue, as invoked by Edinger, ineffacious, but it does not even determine the localization of the tabetic process; or a general fatigue, unattended by any obvious strain, even psychogenic in kind, may light up tabes of the lumbar roots; and there is no evidence to show that superior tabes is characteristic of the brain worker, or optic atrophy of those using their eyes excessively. He compares the cord degenerations with those in pernicious anemia, as in both the sensory system is most affected, and both begin with parasthetic symptoms. In a hundred cases of this kind he has not seen a single established syphilitic. The lesions of this disease are truly due to physiological disorder of the nervous elements by failure of nutrition. The morphological contrast is equally striking; for in tabes the changes are confined to the neural elements. They are secondary degenerations, whereas the cord in pernicious anemia presents masses of changed tissue related arterially, and not neuronically or functionally, and spreading laterally, not systematically. Indeed, actual cavities may occur in the disease when the process is rapid. Thus, as fatigue may be considered as playing a clear part in pernicious anemia, and the lesions of that and of tabes should resemble one another were the latter contributed to by fatigue. Hence we can conclude that there is an essential difference in the pathogeny of the two disorders.

#### PHYSICIANS' AID.

To the Secretary of each State and County Medical Society and Other Interested Members:

At the last meeting of the American Medical Association at Atlantic City the following report of Committee on Miscellaneous Business was adopted: "The Committee recommends that the President of this Association appoint a committee of five members to inquire into the desirability and practicability of the establishing under the auspices of the American Medical Association of a fund for the assistance of physicians disabled by sickness, and for a sanatorium for the treatment of such members of the Association as may be afflicted with tuberculosis or similar diseases; such committee to report to the House of Delegates at the next annual meeting of the Association."

As a basis for wise action the Committee urges that the officers of State and County Medical Societies, and others interested in the subject, should at the earliest possible date forward to the Secretary of the Committee, Dr. A. C. Magruder, Colorado Springs, Colorado, answers to the following queries, with some account of any special cases that seem to illustrate the need for provision for disabled members of our profession.

1. Is there any provision by your State Medical